

**UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MONTANA**  
**TRANSCRIPT DESIGNATION AND ORDERING FORM**

*Please read instructions.*

1. NAME <b>Timothy J. Racicot</b>			2. PHONE NUMBER <b>406-542-8851</b>		3. DATE <b>04/26/2021</b>	
4. MAILING ADDRESS <b>P.O. Box 8329</b>			5. E-MAIL ADDRESS <b>Tim.Racicot2@usdoj.gov</b>		6. CITY <b>Missoula</b>	7. STATE <b>MT</b>
8. ZIP CODE <b>59807</b>		9. JUDGE <b>Honorable Donald W. Molloy</b>		10. CASE NAME <b>US v. Matthew Anthony Marshall</b>		
11. U.S. DISTRICT COURT CASE NUMBER <b>CR 20-32-M-DWM</b>				12. COURT OF APPEALS CASE NUMBER		
13. ORDER FOR						
<input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER - Specify						
14. TRANSCRIPT REQUESTED - Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.						
PORTIONS		DATE(S)	REPORTER	PORTIONS		DATE(S)
Change of Plea				Closing Argument - Plaintiff		
Pre-trial Proceeding				Closing Argument - Defendant		
Voir Dire				Settlement Instructions		
Opening Statement - Plaintiff				Jury Instructions		
Opening Statement - Defendant				Sentencing		
Testimony - Specify Witness				Other - Specify <b>CIPA Hearing Transcript</b>		<b>04/23/2021</b>
						<b>JoAnn Corson</b>
15. ORDER						
CATEGORY	ORIGINAL Includes certified copy to clerk for records of the Court	FIRST COPY to each party	ADDITIONAL COPIES to same party	FORMAT REQUESTED Each format is billed as a separate transcript copy.		
				Paper	Electronic Specify File Format	
30-Day	\$3.65/page <input checked="" type="checkbox"/>	\$ .90/ page <input type="checkbox"/>	\$ .60 page <input type="checkbox"/>	<input checked="" type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII    PDF <input checked="" type="checkbox"/> <input type="checkbox"/> A-Z word index	
14-Day	\$4.25/page <input type="checkbox"/>	\$ .90/page <input type="checkbox"/>	\$ .60/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII    PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index	
7- Day	\$4.85/ page <input type="checkbox"/>	\$ .90/ page <input type="checkbox"/>	\$ .60/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII    PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index	
3- Day	\$5.45/ page <input type="checkbox"/>	\$1.05/ page <input type="checkbox"/>	\$ .75/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII    PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index	
DAILY	\$6.05/page <input type="checkbox"/>	\$1.20/ page <input type="checkbox"/>	\$ .90/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII    PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index	
HOURLY	\$7.25/page <input type="checkbox"/>	\$1.20/ page <input type="checkbox"/>	\$ .90/page <input type="checkbox"/>	<input type="checkbox"/> Full Size <input type="checkbox"/> A-Z word index	<input type="checkbox"/> ASCII    PDF <input type="checkbox"/> <input type="checkbox"/> A-Z word index	
16. & 17. CERTIFICATE OF SERVICE, DISTRIBUTION and PAYMENT						
<p align="center"><b>E-file this form with the clerk's office, mail to opposing counsel if they are not electronic filers and serve the court reporter.</b></p> <p align="center">Financial arrangements must be made with the court reporter before transcript is prepared.</p>						
I certify that this form has been served on the court reporter this date: <u>04/26/2021</u> Attorney signature: <u>/s/ Timothy J. Racicot</u>						